

Please type a plus sign (+) inside this box —





POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/913,745			
Filing Date	August 16, 2001			
First Named Inventor	KATHLEEN R. MCKEOWN			
Group Art Unit				
Examiner Name				
Attorney Docket Number	32313-PCT-USA-070050.1589			

I hereby appo	I hereby appoint:						
OR	ners at Customer Number [21003		Place Customer Number Bar Code Label here			
	Name		Registration Number				
·							
<u> </u>							
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.							
Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number.							
OR							
Firm <i>or</i> Individual Na	ame						
Address							
Address							
City		S	tate	Zip			
Country Telephone			ax				
I am the:			ax				
4	t/Inventor.						
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).							
SIGNATURE of Applicant or Assignee of Record							
Name	KATHI EEN D. MCKEOWN						
Signature	Northlen R. McKer						
Date	11/16/01						
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.							
□ *Total of	□ *Total offorms are submitted.						

Please type a plus sign (+) inside this box —





POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/913,745				
Filing Date	August 16, 2001				
First Named Inventor	KATHLEEN R. MCKEOWN				
Group Art Unit					
Examiner Name					
Attorney Docket Number	32313-PCT-USA-070050.1589				

i hereby appoint	t:					
OR	ers at Customer Number	21003	□	Place Customer Number Bar Code Label here		
Practitioner	r(s) named below:					
 	Name	Name		Registration Number		
ļ						
<u> </u>						
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.						
Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number.						
OR			·			
Firm <i>or</i> Individual Nam	Firm <i>or</i> Individual Name					
Address						
Address						
City			State	Zip		
Country						
Telephone			Fax			
l am the: ✓ Applicant/Inventor.						
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).						
SIGNATURE of Applicant or Assignee of Record						
Name	Name REGINA BARZILAY					
Signature	(0)					
Date 11/19						
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.						
□ *Total of						